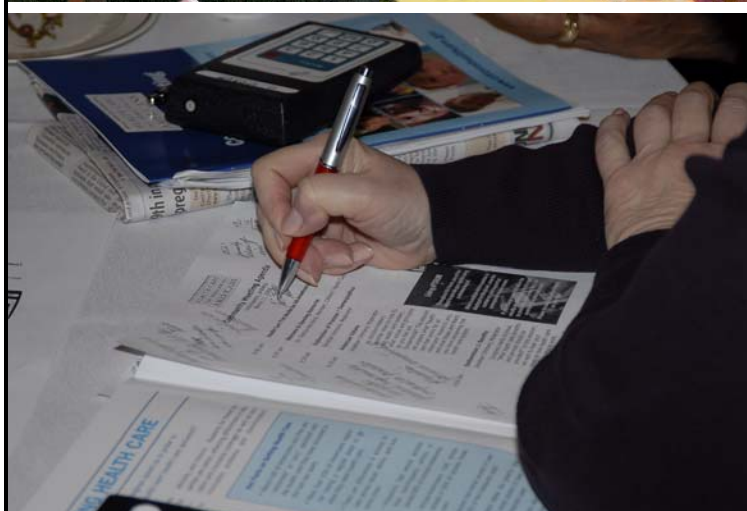


# Philadelphia

April 10, 2006



Citizens' Health Care Working Group

HEALTH CARE  
THAT WORKS FOR ALL  
AMERICANS

## OVERVIEW

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The message from Philadelphia was loud and clear – the nation’s health care system has major problems and the majority of the participants believed even more so that it is in a state of crisis.

Support for universal health care was consistent throughout the meeting starting with the opening remarks which set the tone for the meeting. The consistent message was: stand up and say the system is broken; now is the time to get to work for major change. The Philadelphia meeting was held on April 10, a day that rallies were being held across the country on immigration issues and many attendees made it clear that they wanted to see a health care system that worked for all who were in this country regardless of their citizenship or immigration status.

Many of the attendees at this meeting were union members. While the audience’s support for universal health care was a dominant theme throughout the meeting, concurrently there was a strong sentiment that in the interim all employers should contribute their fair share to workers’ benefits.

More than at any of the preceding meetings, people raised the issue of substance abuse and its impact on individuals, families and the health care system. They stressed the need to make services available to meet these needs. Additionally, participants emphasized the important role of public and community health for creating healthy community environments.



**Citizens' Health Care Working Group  
Community Meetings**

Kansas City, Missouri  
Orlando, Florida  
Baton Rouge, Louisiana  
Memphis, Tennessee  
Charlotte, North Carolina  
Jackson, Mississippi  
Seattle, Washington  
Denver, Colorado  
Los Angeles, California  
Providence, Rhode Island  
Miami, Florida  
Indianapolis, Indiana  
Detroit, Michigan  
Albuquerque, New Mexico  
Phoenix, Arizona  
Daytona Beach, Florida  
Upper Valley, New Hampshire  
Hartford, Connecticut  
Des Moines, Iowa  
**Philadelphia, Pennsylvania**  
Las Vegas, Nevada  
Eugene, Oregon  
Sacramento, California  
Billings, Montana  
San Antonio, Texas  
Fargo, North Dakota  
New York, New York  
Lexington, Kentucky  
Little Rock, Arkansas  
Cincinnati, Ohio  
Sioux Falls, South Dakota  
Salt Lake City, Utah

## SESSION FINDINGS

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### Values

*Health care is central to life, liberty and the pursuit of happiness (and opportunity). I think there should be a system where everyone is free and equal.*

The most important values attendees at the Philadelphia meeting believed should underpin “health care that works for all Americans” were the concept of health care as a right, not a privilege; that all should have access to health care; and that health care should be affordable, of high quality, consistent and comprehensive. Other important values included accountability, shared responsibility among stakeholders, and efficiency. There also was support for evidence-based services.

Virtually everyone attending (99 percent) the meeting expressed the view that it should be public policy that all Americans have affordable health care coverage.

#### **As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental?**

- Health care as a right, not a privilege
- Access for everyone
- Affordable, comprehensive, quality, consistent
- Equality
- Necessary for life, liberty, pursuit of happiness
- Accountability
- Preventive and holistic
- Shared responsibility
- Health education
- Healthy environment
- Inclusive
- More efficient

### Benefits

*Look at the dollars spent in the last ninety days of life.*

Almost everyone at the meeting expressed the view that health care benefits should be based on a defined level of services as opposed to a categorical system of eligibility such as the current system. Additional services proposed to be added to the basic benefits package included family planning services, comprehensive dental care, hospice care and peer-supported mental health and substance abuse services. The additional services attendees found most important were disease management services and long term care/home based services. The point was made emphatically that rather than focus on “physician services” it would be beneficial to consider other care providers who could provide equally competent care but less expensively.

While close to half the people in attendance recommended that no services be removed from the list suggested to them, roughly one quarter thought services provided at the end of life deserved closer scrutiny.

## Getting Health Care

*Medicare Part D is utterly chaotic and confusing.  
Paperwork is wasting time and energy and dollars.  
Race is a barrier to adequate health care.*

Attendees acknowledged many different kinds of problems in getting health care. Some resulted from the complexity of the system, for example problems with the new Medicare drug benefit or referrals to specialists. The administrative costs of a system that results in “rooms of files” were deplored. Attendees identified a number of access problems including discrimination based on insurance status or race; difficulties in getting to see a dentist, eye doctor or podiatrist; reliance on hospital emergency departments and insurance exclusions based on pre-existing conditions. One person noted the need to reward overburdened health practitioners who donate care cautioning, “We’re killing the good doctors.”

## Financing

*It’s our responsibility to pay taxes and be prepared to pay higher taxes.  
We need to see ourselves as partners with our health care providers, not just passive recipients of care.*

Most people attending the Philadelphia meeting (82 percent) believed that everyone should be required to enroll in basic health coverage. However, many people had trouble answering this question. Some believed that it was the wrong question saying, “It deals with how we maintain a lousy system.” Others had concerns that “basic” health care coverage might prove inadequate or unaffordable. While one person argued that the individual right to choose overrode the societal need to have everyone covered, most disagreed, believing that it was alright to require everyone to be part of the system. Most attendees believed that those with higher incomes should pay more for coverage.

### **What responsibilities of individuals and families in the health care system would you support most?**

*(In order of support)*

- Maintain healthy lifestyles (ex: exercise, nutrition, stop smoking)
- Be partners with health care providers (active participants)
- Pay taxes and pay higher taxes if necessary
- Educate themselves and practice preventive care
- Raise our voices to maintain quality and consistency of care
- Demand proper care and hold practitioners accountable
- Do not abuse the system
- Be willing to do peer counseling
- Control behavior

Opinion was divided on continuing tax rules that encouraged employers to provide health insurance. Roughly two thirds of attendees believed they should be discontinued; one third thought they should be continued. Some of those who supported tax incentives believed that all employers should offer coverage, with special incentives for small businesses. People who supported these tax incentives believed that without them many employers would drop coverage. Those opposing tax incentives wanted to break the link between coverage and employment and reform how coverage is provided. They noted that not everyone is employed and as currently structured the tax incentives apply only to for-profit enterprises. They also

expressed concerns about the costs of providing insurance coverage compromising the competitiveness of American companies and limiting individual entrepreneurship.

When asked what they believed the responsibilities of individuals and families in the health care system to be, attendees offered a wide range of suggestions. There was a strong emphasis on prevention and one's personal responsibility to maintain a healthy lifestyle. One person, raising the analogy of a "good driver" automobile insurance discount, suggested incentives for those with positive health behaviors. Becoming an active consumer of care was also stressed. In addition to lifestyle choices, it was stated that, "People need to demand proper care and hold practitioners accountable." Individuals also need to engage their families in talking about end of life issues. More than one person acknowledged the individual's responsibility to pay taxes.

Several of the suggestions in this discussion spilled over into public policy including: banning direct-to-consumer pharmaceutical advertising; using government clout in the marketplace to negotiate lower costs; capping profits for pharmaceutical firms and for-profit hospitals and, in general, "taking health care off [the marketplace] as a commodity. There was also support for electronic health records and more education for medical students about costs. As this conversation continued, the theme of health took on a broader context when participants discussed how to design neighborhoods that could enhance health, improve environmental quality and the increase safety in the workplace. A ban on firearms was also noted as a way to limit health costs.

### ***Tradeoffs and Options***

As at many meetings, the question of tradeoffs proved difficult. There was strong support for redirecting funds now devoted to war in Iraq to health care, spending dollars in America and not overseas. Many in the audience supported a single payer system: one participant noted that in a single payer system while taxes would be higher, individuals would not be paying insurance premiums. There was a sense that some "huge corporations" were not pulling their weight. One health care practitioner noted that the delivery system needed to be fixed first before funding questions could be addressed.

Two thirds of attendees believed that the most important step toward creating a health care system that worked for all Americans was creating a national health program financed by taxes. Two other popular choices were expanding neighborhood health clinics (although one person argued that while important, it was a stopgap measure pending more extensive reform of the system) and opening federal health programs like Medicare and the Federal Employees Health Benefit Program to those currently uninsured.

## METHODOLOGY

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Participants at the meeting sat at tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys using electronic keypads and full group discussion sessions. Main points from the table discussions were called-out to the full group and displayed on a screen. Participants answered questions and ranked choices using keypads after which the results were displayed. Findings from these polls formed the basis for full group discussion. Complete polling data from this meeting is available in the Data section of this report and online at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

## PARTICIPATION

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The Citizens' Health Care Working Group Philadelphia Community Meeting was held April 10, 2006 from 4:00 PM to 8:00 PM at the College of Physicians of Philadelphia, with over 175 in attendance. Dorothy A. Bazos, Ph.D. represented the Working Group at the meeting. The host for the meeting was the Philadelphia Department of Public Health. Co-hosts included the College of Physicians, Philadelphia Council AFL-CIO, United Food and Commercial Workers Local 1776 and the Service Employees International Union 1199P. Carmen Paris, Interim Commissioner of Health for the City of Philadelphia, made welcoming remarks as did representatives of the co-hosts.

On April 6 an op-ed by Lance Haver, city consumer advocate, appeared in the Philadelphia Daily News. It can be found at: <http://www.philly.com/mld/dailynews/news/opinion/14275273.htm>. Julie Rovner of National Public Radio covered the meeting for a story available at: <http://www.npr.org/templates/story/story.php?storyId=5354898>.

## DATA

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### Percent A

#### Are you male or female?

44.4%	1	Male
55.6%	2	Female

### Percent B

#### How old are you?

5.6%	1	Under 25
24.8%	2	25 to 44
52.8%	3	45 to 64
16.8%	4	Over 65

### Percent C

#### Are you Hispanic or Latino?

2.5%	1	Yes
91.8%	2	No
5.7%	3	No Response

### Percent D

#### Which of these groups best represents your race?

61.9%	1	White
25.6%	2	Black or African American
3.1%	3	Asian
0.6%	4	Native Hawaiian or Pacific Islander
1.3%	5	American Indian or Alaska Native
3.8%	6	Other
3.8%	7	Decline to answer

### Percent E

#### What is the highest grade or year of school you completed?

0.0%	1	Elementary (grades 1 to 8)
1.3%	2	Some high school
5.1%	3	High school graduate or GED
15.8%	4	Some college
7.0%	5	Associate Degree
19.6%	6	Bachelor's Degree
50.6%	7	Graduate or professional degree
0.6%	8	Decline to answer

### Percent F

#### What is your primary source of health care coverage?

62.8%	1	Employer-based insurance
10.3%	2	Self-purchased insurance
0.0%	3	Veterans'
12.8%	4	Medicare
3.8%	5	Medicaid
3.2%	6	Other
5.8%	7	None
1.3%	8	Not sure

**Percent G**

**What is your employment status?**

14.0%	1	Self-employed
47.8%	2	Employed - working full time
8.3%	3	Employed - working part-time
3.8%	4	Not employed / currently looking for work
0.0%	5	Homemaker
26.1%	6	Other

**Percent H**

**Which one of these statements do you think best describes the U.S. health care system today?**

77.4%	1	It is in a state of crisis
22.6%	2	It has major problems
0.0%	3	It has minor problems
0.0%	4	It does not have any problems
0.0%	5	No opinion

**Percent I**

**Which one of the following do you think is the MOST important reason to have health insurance?**

49.0%	1	To pay for everyday medical expenses
49.7%	2	To protect against high medical costs
1.3%	3	No opinion

**Percent J-1**

**As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental? And which of the following values/principles is most important to you?**

1.4%	1	Health education
4.1%	2	Accountability
20.3%	3	Access for everyone
45.3%	4	Health care as a right, not a privilege
6.8%	5	Necessary for life, liberty, pursuit of happiness
6.8%	6	Equality
10.1%	7	Affordable, comprehensive, quality, consistent
2.7%	8	Shared responsibility
0.0%	9	Evidence-based services
2.7%	10	Preventive and holistic
--		Healthy environment
--		Inclusivity
--		More efficient

**Percent K**

**Should it be public policy that all Americans have affordable health care coverage? [By public policy we mean that the stated public goal is set out in federal or state law.]**

99.3%	1	Yes
0.7%	2	No

**Percent L**

**Which of the following statements most accurately represents your views?**

2.0%	1	Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now
98.0%	2	Providing a defined level of services for everyone (either by expanding the current system or creating a new system)

**Intro M-x**

**It would be difficult to define a level of services for everyone. A health plan that many people view as “typical” now covers these types of benefits, many of which are subject to copayments and deductibles:**

- Preventive Care—screenings, routine physicals, influenza and pneumonia immunizations, well child care, limited dental care
- Physicians’ Care—inpatient services, outpatient surgery, related tests, home and office visits, medical emergency care
- Chiropractic Care
- Maternity Care
- Prescription Drugs
- Hospital/Facility Care—inpatient and outpatient services
- Physical, Occupational, and Speech Therapy
- Mental Health and Substance Abuse—inpatient and outpatient facility and professional care

**How would a basic package compare to this “typical” plan?**

**Percent M-1**

**Of the most frequent answers the group gave, what would you add?**

9.7%	1	Nutritional therapy
13.3%	2	Comprehensive dental care
12.4%	3	Family planning
5.3%	4	Hospice care
29.2%	5	Disease management
3.5%	6	Diversity training for health care workers
22.1%	7	Long-term care and home-based services
4.4%	8	Nothing

**Percent M-2**

**Of the most frequent answers the group gave, what would you take out?**

20.0%	1	Amend physicians' care to include other providers
8.8%	2	Prescription drugs
24.8%	3	Hospital/facility care for end-of-life (last 90 days)
46.4%	4	Nothing

**Rank N**

**On a scale of 1 (no input) to 10 (exclusive input), how much input should each of the following have in deciding what is in a basic benefit package?**

4 <sup>th</sup>	4.356	Federal government
3 <sup>rd</sup>	4.425	State and/or local government
2 <sup>nd</sup>	5.956	Medical professionals
6 <sup>th</sup>	1.470	Insurance companies
5 <sup>th</sup>	3.092	Employers
1 <sup>st</sup>	6.669	Consumers

**Percent O**

**What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?**

- |    |    |   |
|----|----|---|
| -- | 1  | Complexity/confusion with system (esp. Medicare Part D)     |
| -- | 2  | Referrals for patients with chronic conditions slowing care |
| -- | 3  | Discrimination based on type of insurance coverage          |
| -- | 4  | Need more time-sensitive care                               |
| -- | 5  | Have to wait too long for general care                      |
| -- | 6  | Not enough vision/dental care                               |
| -- | 7  | Too much red tape   |
| -- | 8  | Transportation  |
| -- | 9  | Lack of quality care in detention facilities                |
| -- | 10 | Lack of money available for public health                   |
| -- | 11 | Race and language barriers (culturally competent care)      |
| -- | 12 | HMOs not focused on quality                                 |
| -- | 13 | Cost  |
| -- | 14 | Pre-existing conditions result in exclusion                 |
| -- | 15 | Not enough podiatric care                                   |
| -- | 16 | Non-caring system   |
| -- | 17 | Lack of access to education                                 |
| -- | 18 | Time/resources wasted on paperwork                          |
| -- | 19 | Wait times associated with ER care                          |

**Percent Q**

**Should everyone be required to enroll in basic health care coverage - either private or public?**

- |       |   |     |
|-------|---|-----|
| 82.1% | 1 | Yes |
| 17.9% | 2 | No  |

**Percent R**

**Should some people be responsible for paying more than others?**

- |       |   |     |
|-------|---|-----|
| 82.5% | 1 | Yes |
| 17.5% | 2 | No  |

**Percent S**

**What criteria should be used for making some people pay more?**

- |       |   |                                     |
|-------|---|-------------------------------------|
| 7.9%  | 1 | None - everyone should pay the same |
| 5.3%  | 2 | Family size                         |
| 7.0%  | 3 | Health behaviors                    |
| 70.2% | 4 | Income                              |
| 9.6%  | 5 | Other                               |

**Percent T**

**Should public policy continue to use tax rules to encourage employer-based health insurance?**

- |       |   |     |
|-------|---|-----|
| 32.1% | 1 | Yes |
| 67.9% | 2 | No  |

**Percent U**

**What responsibilities of individuals and families in the health care system would you support most?**

12.9%	1	Educate themselves and practice preventive care
14.5%	2	Pay taxes and pay higher taxes if necessary
31.5%	3	Maintain healthy lifestyles (ex: exercise, nutrition, stop smoking)
14.5%	4	Be partners with health care providers (active participants)
3.2%	5	Do not abuse the system
0.0%	6	Be willing to do peer counseling
0.0%	7	Control behavior
10.5%	8	Demand proper care and hold practitioners accountable
12.9%	9	Raise our voices to maintain quality and consistency of care

**Rank V-x**

**Which of these steps is the most important to take in order to slow the growth of health care costs in America?**

		A - Reduce or eliminate the overhead costs that do not improve health care quality (including gov't oversight over private)
--	V-1	
--	V-2	B - Proper utilization in general (ex: ER use)
--	V-3	C - Curb advertising of prescription drugs
--	V-4	D - Emphasize preventive care and healthy lifestyles earlier in life
--	V-5	E - Gov't should regulate and negotiate lower costs for services
--	V-6	F - Gov't should educate the public on what is proper for healthy lifestyles
--	V-7	G - Single-payer system/universal access (would result in cost savings)
--	V-8	H - Utilize existing funds already allocated
--	V-9	I - Be pro-active to ensure quality of care
--	V-10	J - Electronic medical records would reduce administrative costs
--	V-11	K - Physician education on how to account for cost in provision of care
--	V-12	L - More emphasis on primary care
--	V-13	M - Remove health care as a market commodity (take profit out)
--	V-14	N - Cap pharmaceutical companies' charges
--	V-15	O - Make sure we have healthy neighborhoods (urban design)
--	V-16	P - Reimburse for health education

**Percent X**

**How much more would you personally be willing to pay in a year (in premiums, taxes, or through other means) to support efforts that would result in every American having access to affordable, high quality health care coverage and services?**

9.0%	1	\$0
12.3%	2	\$1 - \$100
12.3%	3	\$100 - \$299
13.1%	4	\$300 - \$999
27.9%	5	\$1,000 or more
25.4%	6	Don't know

**Rank      Z-x**

**If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate your support for each of the following proposals on a scale from 1 (low) to 10 (high).**

3 <sup>rd</sup>	4.516	A - Accepting a significant wait time for non-critical care to obtain a 10% reduction in health care costs
4 <sup>th</sup>	4.111	B - Paying a higher deductible in your insurance for more choices of physicians and hospitals (or paying a lower deductible with less choice).
1 <sup>st</sup>	6.341	C - Paying more in taxes to have health care coverage for all. This could mean limiting coverage to high deductible/catastrophic care or, if you were willing to pay more, a more comprehensive package
5 <sup>th</sup>	2.148	D - Expanding federal programs to cover more people, but providing fewer services to those currently covered in those programs.
2 <sup>nd</sup>	5.979	E - Limiting coverage for certain end-of-life care of questionable value in order to provide more at-home and comfort care for the dying.

**Rank      AA-x**

**If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate each of the following proposals on a scale from 1 (low) to 10 (high).**

9 <sup>th</sup>	2.710	Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own.
7 <sup>th</sup>	4.574	Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance.
10 <sup>th</sup>	1.513	Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices.
3 <sup>rd</sup>	5.810	Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
8 <sup>th</sup>	3.505	Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families
5 <sup>th</sup>	5.063	Require businesses to offer health insurance to their employees
2 <sup>nd</sup>	6.615	Expand neighborhood health clinics
1 <sup>st</sup>	9.008	Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
4 <sup>th</sup>	5.466	Require that all Americans enroll in basic health care coverage, either private or public
6 <sup>th</sup>	4.654	Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage

## STAYING INVOLVED

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Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov) and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.  
[www.citizenshealthcare.gov/community/mtg\\_kit.php](http://www.citizenshealthcare.gov/community/mtg_kit.php)
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.  
[www.citizenshealthcare.gov/register](http://www.citizenshealthcare.gov/register)
- Add your opinions to three different polls in the **Public Comment Center**  
[www.citizenshealthcare.gov/speak\\_out/comment.php](http://www.citizenshealthcare.gov/speak_out/comment.php)
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.  
[www.citizenshealthcare.gov/community/mtng\\_files/complete.php](http://www.citizenshealthcare.gov/community/mtng_files/complete.php)
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or [jessica.federer@ahrq.hhs.gov](mailto:jessica.federer@ahrq.hhs.gov).